TRAVEL	California EXPENSE (Rev 10/94	E CLAIM 1) Excel Version(4/01)				ctions and F						Page	e 1 of 1 Page	es
Claimant's Name Bob Clark Position Director							SSN or Employee ID Number (on file)					tment e of Real E	isers	
				CC/ID Number Exempt		Division or Bureau Executive Office					I		Index Number Telephone Number (on file)	
Residence Address (on file)			I.		Headquarters Address 1102 Q Street, Suite 4100									
City (on file	·)		State	Zip	Code	City Sacram	ento					State CA	Zip Code 9	5811
Month/Y	ear				Meals	О.Т./, L/Т			Trans	portation	Drivoto	Car Use	-	
April, 20	009 (OST)	LOCATION Where Expenses Were Incurred	Lodging	Breakfast	Lunch	N/C, Relo. or Dinner	Inciden- tals	Cost of Trans.	Type Used	Carfare Tolls Parking	Miles	Amount	Business Expense	Total Expenses For Day
4/2/09		New Orleans, Louisiana										Amount		
4/3/09		New Orleans, Louisiana	149.03 149.03	6.00	10.00			(Airport	Shuttle)	30.00				219.03 189.03
4/4/09		New Orleans, Louisiana	149.03	6.00	10.00	18.00								179.03
4/5/09		New Orleans, Louisiana												179.03
4/6/09	7:15 PM	New Orleans, Louisiana / Sacram	149.03 ento	6.00	10.00	18.00								34.00
	7.13 FW			0.00	10.00	10.00								0.00
														0.00
														0.00
												****		0.00
												<u> </u>		0.00
														0.00
														0.00
														0.00
														0.00
														0.00
Column	SUBTOT	ALS ctg Use Only)	596.12	30.00	30.00	90.00	24.00	0.00		30.00	0.00	0.00	0.00	800.12
COLUMNIA	CLAIM T		L			·			,					800.12
Purpose		emarks and Details:		(Attach re	ceipts, vo	uchers whe	en require	d)			Norma	al Work H	ours	
4/02/09 -	4/06/09: /	Association of Appraiser Regulator	y Officials c	onference i	n New Orle	ans, Louisia	ana.				Privat		AM - 5:00 Pl License Nu	
											Mileaç	(on file) ge Rate Cl		
													0.505	
											AGE		OUNTING C SE ONLY	FFICE
		above is a true statement of travel expenses incurred used, and if mileage rates exceed the minimum rate									Paid b	y Revolvir	ng Fund Che	ck Number
		net the requirements asprescribed by SAM Sections	0751, 0751, 0752	2, 0753 and 0754		icle safety and se					<u> </u>		T 2000	
Claima	nt's signat	ture			Date		Signatu	re of Offi	cer App	proving Tra	ivel and	Payment	Date	
> Signatu	re and Title	e of Authority for Special Expenses	(see item 1	7 on rever	se)		<u> </u>						Date	

TRAVEL EXPENSE CLAIM (STD 262) – RECEIPTS

(Bob Clark - April, 2009 - Out of State)



AIRPORT SHUTTLE INC. FOR RESERVATIONS CALL 48 HOURS IN ADVANCE: *** 504-522-3500 ***

Confirmation #: 1443393 04/02/09 03:45 PM maryaret

TO/FROM:Chateau Bourbon 800 Iberville

PAX: 1/0 FARE: \$30.00 (C\$)

CLARK,B.

1443393

ROUTE: 1

You are scheduled to be picked up at the: Chateau Bourbon
Your confirmation number is:
1443394

* Airport Shuttle New Orleans will not be responsible or liable for: * Lost, Stolen or damaged items and baggage or vehicles parked at any of our locations. Acts of God or nature, delays in traffic or flight plans

DON T FORGET TO VISIT US ONLINE AT www.airportshuttleneworleans.com



Chateau Bourbon A Wyndham Historic Hotel 800 Iberville Street New Orleans, LA 70112 PH: (504) 586-0800 Fax: (504) 586-1987

INFORMATION INVOICE

Folio / Invoice #

72150

Departure

Arrival

: 04-06-09

Balance

: 04-02-09

Reference # Room No.

0359

Company Name

Robert Clark

Page No.

Membership No. :

1 of 1

US

Conf. No.

69909

596.12

Cashier No.

A/R Number

Date	Description	Reference	Charges	Credits
04-02-09	Room Charge		131.00	
04-02-09	Occ Tax - 13%		17.03	
04-02-09	Occ Tax - Flat		1.00	
04-03-09	Room Charge		131.00	
04-03-09	Occ Tax - 13%		17.03	
04-03-09	Occ Tax - Flat		1.00	
04-04-09	Room Charge		131.00	
04-04-09	Occ Tax - 13%		17.03	
04-04-09	Occ Tax - Flat		1.00	
04-05-09	Room Charge		131.00	
04-05-09	Occ Tax - 13%		17.03	
04-05-09	Occ Tax - Flat		1.00	
	Tota	al	596.12	0.00

Please contact the Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about privacy.

State of California TRAVEL EXPENSE CLAIM Std. 262 (Rev 10/94) Excel Version(4/01) Claimant's Name Bob Clark Position Director				See Instructions and Privacy Page 1 of 1 Pages Statement on Reverse Side							s			
						SSN or E (on file)	Employee ID Number				Department Office of Real Estate Appraisers			
				CC/ID Nu	ımber empt	Division (or Bureau						Index Nu	mber
Residence Address (on file)			<u> </u>		Headqua	Headquarters Address 1102 Q Street, Suite 4100						Telephone Number (on file)		
City			State	Zip C	Code	City Sacram			<u> </u>			State CA	Zip Code	5811
(on file)				<u> </u>	Meals	Sacram	ento I	<u></u>	Trans	portation			9	2011
April, 20		LOCATION Where Expenses	Lodging			O.T./,L/T N/C, Relo. or	Inciden-	Cost of	Туре	Carfare Tolls	Private	Car Use	Business Expense	Total Expenses
Date	Time	Were Incurred		Breakfast	Lunch	Dinner		Trans.	Used	Parking	Miles	Amount		For Day
4/10/09	1:30 PM	Monterey				18.00	6.00							24.00
4/11/09	8:15 PM	Monterey	162.81	6.00		18.00								186.81
-														0.00
														0.00
														0.00
														0.00
														0.00
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					*****								·	0.00
														0.00
	SUBTOTA		162.81	6.00	0.00	36.00	6.00	0.00		0.00	0.00	0.00	0.00	210.81
Column		tg Use Only)												210.81
Purpose	of Trip, Re	marks and Details:		(Attach re	ceipts, vo	uchers whe	n require	d)			Norma	al Work Ho	ours	210.01
4/10/09 -	4/11/09: N	Ionterey Bay Appraisal Semina	г								Privat		AM - 5:00 PM	
												(on file)		
	·										Mileag	je Rate Čl	aimed	
											AGE	NCV ACC	0.505 DUNTING O	EEICE
											AGL		SE ONLY	rrioc
I HEREBY CER	RTIFY That the a	bove is a true statement of travel expenses inc	urred by me in accord	ance with DPA rul	es in the service	of the state of Ca	lifornia. If				Paid b	y Revolvin	g Fund Che	ck Number
a privately-own	ed vehicle was u	ised, and if mileage rates exceed the minimum et the requirements asprescribed by SAM Secti	rate, I certify that the	cost of operating t	the vehicle was	equal to or greater	than the							
Claiman	t's signatı	ıre			Date	1	Signatu	re of Offi	cer App	roving Tra	vel and	Payment	Date	
>							>						!	
Signatur	e and Title	of Authority for Special Expens	ses (see item 1	7 on revers	e)								Date	



Bob Clark

US Folio No. : 35979

> Room No. : 317 Conf. No. : 150210 Arrival : 04-10-09 Departure : 04-11-09

Cashier No.: 14

Page No. Group : Monterey Bay Appraisal Semi : 1 of 1

Date	Description	Charges	Credits
04-10-09	Room Rental	139.99	
04-10-09	Room Tax 10.05%	14.07	
04-10-09	MCTID	1.00	
04-10-09	Energy Surcharge	7.75	
04-11-09	Discover Card		162.81
	XXXXXXXXXXX7864 XX/XX		
	Total	162.81	162.81

Balance: 0.00

Signature:

I authorize you to charge my credit card for the above charges. I have received all refunds due to me.

